



Rockdale Water Resources

APPLICATION FOR NEW MONTHLY SERVICE

LOCATION # _____ CUSTOMER # _____ DATE _____

CUSTOMER NAME: _____

☐ WATER ☐ WATER & SEWER ☐ IRRIGATION ☐ FIRE LINE
 SIZE _____ SIZE _____ SIZE _____ SIZE _____

☐ DETECTOR CHECK

☐ RESIDENTIAL ☐ NON – RESIDENTIAL

APPLICATIONS ACCEPTED 8:00 AM – 4:00 –PM MONDAY – FRIDAY

INSTRUCTIONS: PLEASE FILL OUT THIS FORM COMPLETELY. AN INCOMPLETE APPLICATION CAN NOT BE PROCESSED. IF YOU NEED ASSISTANCE, PLEASE SEE ONE OF OUR CUSTOMER SERVICE REPRESENTATIVES.

ALL FEES BELOW ARE NON-REFUNDABLE:

EXISTING DEVELOPMENT WITH WATER/SEWER ALREADY ESTABLISHED AT LOCATION:

1. \$50.00 APPLICATION FEE DUE AT THE TIME OF ESTABLISHING SERVICE

NEW DEVELOPMENT LOCATION WITH NO EXISTING WATER METER OR SEWER AT LOCATION:

1. \$200.00 APPLICATION FEE DUE AT THE TIME OF PURCHASING A METER FOR A NEW DEVELOPMENT LOCATION
2. \$200.00 APPLICATION FEE DUE AT THE TIME OF PURCHASING NEW SEWER SERVICE FOR NEW DEVELOPMENT

DEPOSIT REQUIRED: A DEPOSIT PAYMENT IS DUE AT THE TIME NEW SERVICE IS ESTABLISHED. THE DEPOSIT AMOUNT VARIES BASED ON THE TYPE OF SERVICE AND SIZE OF METER PROVIDED.

REQUIRMENTS FOR NEW SERVICE: Please check boxes that are applicable

☐ DO YOU **OWN** YOUR HOME? IF YES, A COPY OF YOUR SETTLEMENT STATEMENT MUST BE ATTACHED.

☐ DO YOU **RENT** OR ARE YOU A MANAGEMENT COMPANY? IF YES, A COPY OF THE LEASE AGREEMENT MUST BE ATTACHED.

☐ DID YOU **TRANSFER** FROM ANOTHER ADDRESS IN ROCKDALE COUNTY? IF YES, PLEASE PROVIDE
 PREVIOUS ADDRESS: _____ ZIP CODE: _____

☐ (ONLY CHECK IF YES) WOULD YOU LIKE THE SERVICE AT PREVIOUS ADDRESS DISCONNECTED? If not checked, service will remain on at previous address. Date to disconnect: _____

*** DO YOU CURRENTLY HAVE AUTO BANK DRAFT WITH ROCKDALE WATER? _____ (YES OR NO)
 IF YES, DO YOU WANT AUTO BANK DRAFT TO CONTINUE AT THE NEW LOCATION? _____ (YES OR NO)
 AUTHORIZED SIGNATURE: _____



Rockdale Water Resources

CUSTOMER NAME: _____ (PRINT)

CO-APPLICANT'S NAME: _____ (PRINT)

AUTHORIZED PERSON (OTHER THAN CUSTOMERS) TO DISCUSS THIS ACCT: _____

SERVICE ADDRESS: _____ ZIP CODE _____

BILLING ADDRESS: _____ CITY, STATE, ZIP CODE _____
(If different than service address)

SUBDIVISION/DEVELOPMENT NAME: _____

HOME PHONE : _____ CELL PHONE: _____ WORK PHONE: _____

SSN/TAX ID#: _____ DRIVERS LICENSE#: _____ BIRTHDATE : _____

EMPLOYER NAME & ADDRESS: _____

_____ CITY/ST/ZIP _____

E-MAIL ADDRESS: APPLICANT: _____ CO-APPLICANT _____

EMAIL CONSENT: I HEREBY CONSENT TO RECEIVING EMAILS TO MY EMAIL ADDRESS PROVIDED BY ME FROM ROCKDALE WATER RESOURCES OR ITS AFFILIATES AND THEIR AGENTS INCLUDING, WITHOUT LIMITATION, AND ACCOUNT MANAGEMENT COMPANIES AND INDEPENDENT CONTRACTORS INCLUDING ANY DEBT COLLECTIONS.

APPLICANT _____ AGREE _____ DISAGREE (INITIALS ONLY)

CO-APPLICANT _____ AGREE _____ DISAGREE (INITIALS ONLY)

CO-APP. BIRTHDATE : _____ CO-APP. HOME PHONE : _____

CO-APP. CELL PHONE: _____ CO-APP. WORK PHONE: _____

CO-APP. SOCIAL SECURITY/TAX ID#: _____ CO-APP. DRIVERS LICENSE#: _____

CO-APP. EMPLOYER NAME & ADDRESS: _____

_____ CITY/ST/ZIP _____

SPECIAL NEEDS: _____

LANDLORD – PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP _____

REFERENCE: (preferable a relative, if living in GA) NAME: _____

RELATIONSHIP: _____ ADDRESS: _____

PHONE: _____ CITY, STATE, ZIP: _____



Rockdale Water Resources

To aid Rockdale Water Resources in the review and acceptance of this application, Applicant and Co-Applicant unconditionally agree to comply with all applicable Ordinances, rules and regulations of same (as currently in force and as may be later amended), and to promptly pay for all water provided and wastewater treatment used. This includes all service billings, and if applicable, late fees, and other fees and charges as they may apply. If bills and charges are not paid when due, Applicant and Co-Applicant also agree to be subject to reasonable attorneys' fees, costs of collection and filing fees, and Applicant and Co-Applicant hereby consent to venue in Rockdale County, Georgia should Rockdale Water Resources be required to bring such an action.

By providing Rockdale Water Resources with Applicant's or Co-Applicant's cellular phone numbers each hereby consents to receiving personal, auto-dialed and/or pre-recorded message calls to their cell phone(s) and to any other phone number(s) provided to Rockdale Water Resources, its agents and affiliates, including, without limitation, any account management companies and independent contractors, including debt collectors.

Applicant and Co-Applicant hereby grant Rockdale Water Resources permission to apply for their credit scores and each understands that the amount of security deposit may be determined by said credit score(s). The Applicant and Co-Applicant further acknowledge (jointly and severally) their responsibility for any accrued cost by Rockdale Water Resources to cause replacement or repair to Applicant's and Co-Applicant's service(s) due to damage and/or tampering.

APP. SIGNATURE: _____ DATE: _____

CO-APP. SIGNATURE: _____ DATE: _____

Return the completed application, a copy of your valid picture ID and a copy of your settlement statement or lease agreement to Rockdale Water Resources, P.O. Box 1378, Conyers, GA 30012 or you can come to our office located at 958 Milstead Avenue, Conyers, GA 30012 to apply for service. You can also fax the requested information to 770-918-6514 and then a Customer Service Representative will contact you for your credit card information. We will need to complete your application next business, before the service can be put into your name because we do not offer same day service.